

**Kansas Department for Aging and Disability Services**  
**Kansas Organization Tracking Application (KOTA)**  
**KDADS Instructions**

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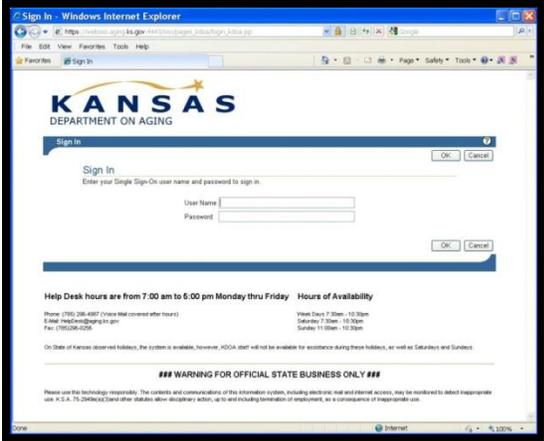
## Accessing the Application

**Introduction** The Survey and Certification Central Office Web Application is used by the following user groups:

- KDADS – Registers, licenses, schedule surveys, and tracks state facility enforcement for Adult Care Homes.
- Adult Care Homes – To review facility information, review recent electronic correspondence, submit change requests, annual renewals, statistical reports, bed assessment payments and plan of corrections on recent survey deficiencies.

All KDADS Web Applications are secured and encrypted.

**How To** Follow the steps in the table below to access and sign in to the KDADS Web Applications.

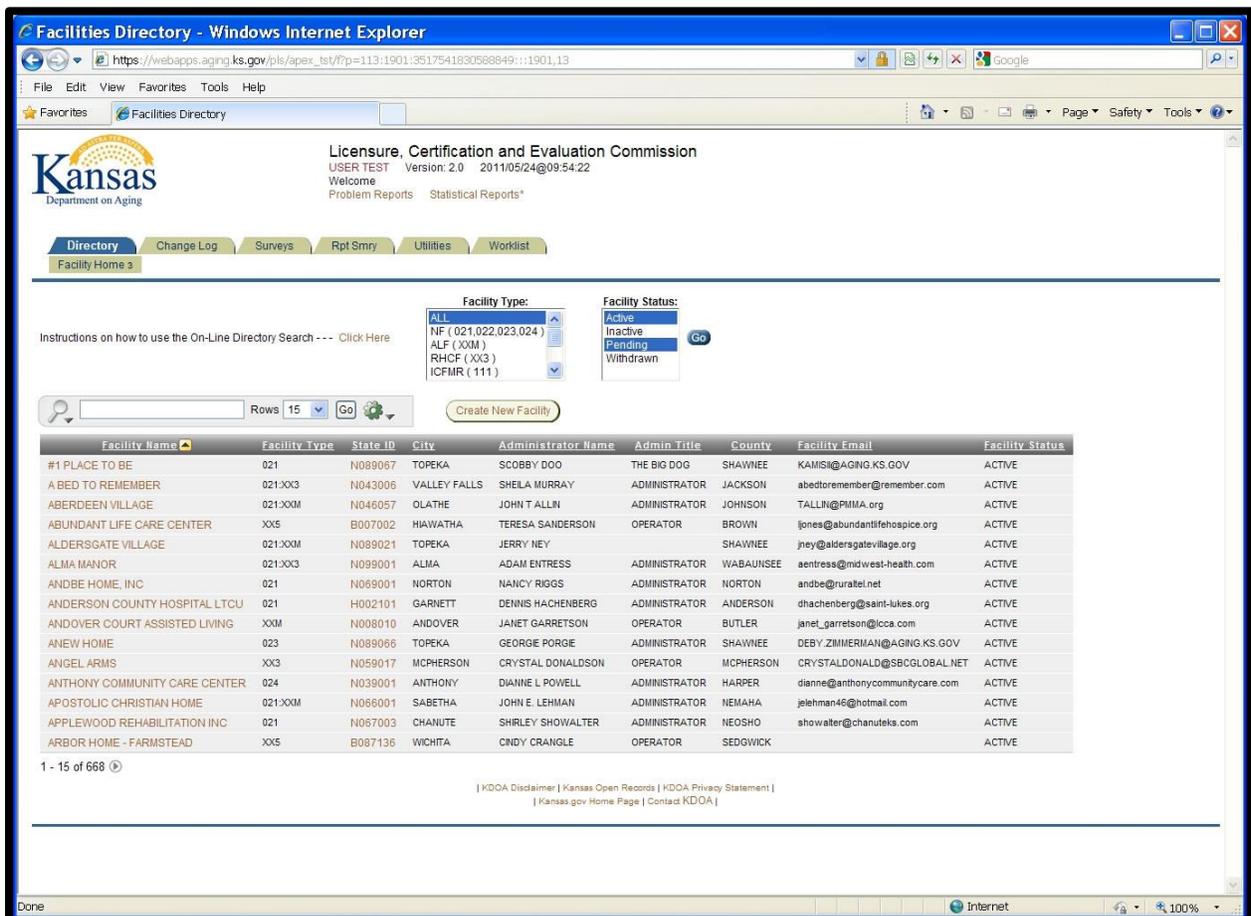
Step	Action	Result
1.	Open the internet browser. Access the KDADS Intranet Web Site. (www.intra.aging.ks.gov).	The KDADS Intranet Web Site Home Page will be displayed.
	Click on the <b>Web Application icon</b> on the home page of the intranet page.	The Web Application Signin page will display.
2.	Type in the <b>Username</b> and <b>Password</b> .	
		
3.	Click the <b>OK</b> button.	The Facility Directory page will display.

# Facility Directory

**Introduction** The Facility Directory Page displays all the facilities registered with the KDADS Licensing Division. As a KDADS user, the complete facility record is available to be accessed.

The directory contains:

- Filters:
  - Facility Type (default is ALL)
  - Facility Status (default is Active and Pending).
- Search Option: Type any information that may be contained in the table.
- Sort Options: All Columns can be sorted.
- Create a New Facility: Click on the button to create a new facility.



There are two options to open a Facility record:

- Click on the **Facilities State ID** link, which will open the Facility record directly to the Facility Maintenance page.
- Click on the **Facility Name** link, which will opens to the facilities detail page.

## Create a New Facility

**How To** Follow the steps in the table below to create a new Facility.

Step	Action	Result
1.	On the Directory, click on the <b>Create New Facility</b> button.	Opens the Facility Information page.
2.	Complete the required fields.	All fields are required with the exception of the Facility Web Page.
3.	Click on the <b>Create New Facility</b> button.	State ID is created automatically and the Facility will now be listed in the directory with a status of pending.



**Licensure, Certification and Evaluation Commission**  
USER TEST Version: 2.0 2011/05/29@14:47:27  
 Welcome DEBYZIMMERMAN  
[Problem Reports](#) [Statistical Reports\\*](#)

**Facility Information**

State Id  Facility Name

Primary *Rank / Common ID / Description*  
**Facility Type:**

**Area:**

Street

City  State  Zip Code

County

Phone  --  FAX  --

Email

Facility Web Page

Administrator Name  Admin Title

Admin Email

Admin Eff Date

# Facility Info – Facility Maintenance

## Introduction

The Facility Maintenance Page displays all the facilities information. Information is updated in two ways:

- Manually by the Licensing Division
- Change Requests submitted by the Facility and processed and/or approved by the Licensing Division.

**Licensure, Certification and Evaluation Commission**  
 USER TEST Version: 2.0 2011/05/24@12:50:42  
 Welcome DEBYZIMMERMAN  
 Problem Reports Statistical Reports\*

Directory Facility Info Change Log Surveys Rpt Smry Utilities Worklist  
 Facility Maintenance Facility Home 3 Directory Detail 902

**Facility Maintenance**

State Id: N089067 Version Nbr: 4 Show Previous Changes

Facility Name: #1 PLACE TO BE CMS Cert Pending:   
 CMS Certification Nbr: HLJ1122  
 CMS Cert Eff Date: 05/01/2011

Facility Type(s):  
 021 - Nursing Home (NH) / SNF/NF DUAL CERT

Address: 101 STREET PLACE  
 TOPEKA, KS 66603  
 (785) 296-6459

County: SHAWNEE Facility Email: KAMISII@AGING.KS.GOV  
 FAX: (785) 296-0256

Admin Name: SCOBBY DOO Admin Title: THE BIG DOG  
 Admin Email: KAMISII@AGING.KS.GOV Admin Eff Date: 04/01/2011

**Licensing**

Status:  Active  Inactive  Pending  Withdrawn

Facility Close Date:  Provisional License:   
 Area: 3 - NE License Effective Date: 05/01/2011  
 Rank: 3 Renewal Date: 07/01/2011  
 L Class: NF Renewal Sent Date: 05/18/2011  
 C Class: SNF/NF Renewal Return Date:   
 Renewal Approve Date:

Total Number of Beds: 150 Change Beds Eff Date: 05/01/2011

NF Beds: 150 NFMH Beds:   
 ALF Beds:  RHCF Beds:   
 ADC Beds:  Cert Beds SNF Only: 25  
 BCH Beds:  Cert Beds SNF NF: 50  
 IMR Beds:  Cert Beds NF Only: 75  
 HP Beds:  Cert Beds IMR:

**NOTES**

Comment:

**Primary Facility** Rank / Common ID /  
 Type: Description | 3 - 021 - NF SNF/NF DUAL CERT

**Additional Facility Type(s):**

022 - NFMH SNF/NF  
 023 - SNF ONLY  
 024 - NF ONLY  
 024 - NFMH NF ONLY  
 111 - ICFMR  
 994 - BCH  
 XX3 - RHCF  
 XX5 - HOME PLUS  
 XX6 - ADC

**Mailing Address**

Mail Address: P O BOX 111  
 Mail City: TOPEKA  
 Mail State: KS Mail Zipcode: 66601

**Owner/Lessee/Management Information**

**Building Owner** PINK SMURF [GA08]  
 101 SOUTH STREET  
 TOPEKA, KS 66603

**Management Firm** GREEN SMURF [JA08]  
 102 SOUTH STREET  
 TOPEKAB, KS 66604

**Lessee** SEAMOSS SMURF [H408]  
 107 SOUTH STREET  
 TOPEKAG, KS 66609

**SubLessee** WHITE SMURF [IA08]  
 104 SOUTH STREET  
 TOPEKAD, KS 66606

**Construction/Licensing/Ownership**

**Construction**

Type Of Construction:  Remodel  New Construction  Addition

To start a new record, enter Letter of Intent Received date and click SAVE

Letter of Intent Received:  50% Notification Received:   
 Notify State Fire Marshall:  30 Day Notification Received:   
 Site Approved:  30 Day SFM Survey Requested:   
 Applications Requested:  30 Day SFM Survey Received:   
 Applications Received:  30 Day KDOA Survey Requested:   
 Finished Plans Received:  30 Day KDOA Survey Received:   
 License Approved:

Notes:

**Change of Ownership/Amended Application**

Type Of Change:  Change of Ownership  Amended Application  Initial License

To start a new record, enter Change of Ownership Requested date and click SAVE

Change of Ownership Requested: 05/01/2011 Financial Statements: 05/01/2011  
 Letters and Applications Sent: 05/01/2011 Sales Contract: 05/01/2011  
 Applications and Fees Received: 05/01/2011 Lease Contract: 05/01/2011  
 Application Returned: 05/01/2011 Management Contract: 05/01/2011  
 Secretary of State (SOS) Received: 05/01/2011 Background Information: 05/01/2011  
 Secretary of State (SOS) Approved: 05/01/2011 Date Licensed: 05/01/2011

Notes:

**Facility Statistical Reports**

Edit	Year	Period	Type	Facility Type	Form Status
	2010	Annual	021	Nursing Home (NH) / SNF/NF	VIEW
	2010	Jul 1 - Dec 31	021	Nursing Home (NH) / SNF/NF	VIEW
	2010	Jan 1 - Jun 30	021	Nursing Home (NH) / SNF/NF	VIEW
	2010	Annual	XXM	Assisted Living Facility	VIEW
	2010	Jul 1 - Dec 31	XXM	Assisted Living Facility	VIEW
	2010	Jan 1 - Jun 30	XXM	Assisted Living Facility	VIEW

1 - 6

## Facility Info – Facility Maintenance *(continued)*

**Page Regions** The below table explains the difference regions within the page. Also listed is what type of data is displayed and the purpose or actions that can be taken within the region.

Region	Purpose
Show Previous Changes	Click on the check box and click on the “Go” button. Any changes that were made from the current version and the prior version will display in yellow.
Facility Information	<p>The demographics of the Facility on File:</p> <ul style="list-style-type: none"> <li>• State ID (non-editable)</li> <li>• Primary Facility Type</li> <li>• Additional Facility Types                             <ul style="list-style-type: none"> <li>○ Use the shuttle box to select the additional facility type.                                     <ul style="list-style-type: none"> <li>&gt;&gt; will move all types to active.</li> <li>&gt; will move only the selected types to active.</li> <li>&lt; will move only the select type(s) to inactive.</li> <li>&lt;&lt; will move all types to inactive.</li> </ul> </li> </ul> </li> <li>• Address, County, Phone/FAX</li> <li>• Facility E-mail</li> <li>• Facility Web Page</li> <li>• Administrator Name and Title</li> <li>• Administrator E-mail</li> <li>• Administrator Effective Date</li> <li>• Administrator License Number</li> </ul> <p>The above information is updated or changed when the facility submits a change request form and KDADS processes the change.</p> <p>KDADS can edit the Facility Information if an error has occurred by click on the Edit Facility Information button.</p>

## Facility Info – Facility Maintenance *(continued)*

Page Regions continued

Region	Purpose
Licensing	<p>The licensing information:</p> <ul style="list-style-type: none"> <li>• Facilities status</li> <li>• Provisional License indicator</li> <li>• Area</li> <li>• Rank                             <ul style="list-style-type: none"> <li>○ Automatically calculated at the time the facility is created.</li> </ul> </li> <li>• L &amp; C Classes                             <ul style="list-style-type: none"> <li>○ Automatically calculated at the time the facility type is selected.</li> </ul> </li> <li>• License Effective Date                             <ul style="list-style-type: none"> <li>○ Manually entered at the time of the licensing.</li> </ul> </li> <li>• Renewal Date                             <ul style="list-style-type: none"> <li>○ Automatically calculated at the time the License Effective Date is entered. Can be manually entered.</li> </ul> </li> <li>• Renewal Sent Date                             <ul style="list-style-type: none"> <li>○ Updated when the electronic renewal letter is printed or e-mailed.</li> </ul> </li> <li>• Renewal Return Date                             <ul style="list-style-type: none"> <li>○ Updated when the facility submits the electronic Annual Application.</li> </ul> </li> <li>• Renewal Approve Date                             <ul style="list-style-type: none"> <li>○ Manually entered when KDADS processes and approves the electronic Annual Application.</li> </ul> </li> <li>• Facility Close Date</li> </ul> <p>By click on the Print License button, KDADS can print the license for the Adult Care Home.</p>
Print License Button	Will print the Facilities License for signatures and issuance to the facility.

## Facility Info – Facility Maintenance *(continued)*

Page Regions continued

Region	Purpose
Beds	<p>Bed Information:</p> <ul style="list-style-type: none"> <li>• Total Number of Beds – Calculated total from the bed entry.</li> <li>• Change Beds Effective Date – Date the Bed totals are effective.</li> <li>• NF Beds – Nursing Facility</li> <li>• ALF Beds – Assisted Living Facility type beds</li> <li>• ADC Beds – Adult Day Care Facility type beds</li> <li>• BCH Beds – Boarding Care Home Facility type beds</li> <li>• IMR Beds – Intermediate Care for the Mentally Retarded Facility type beds</li> <li>• HP Beds – Home Plus Facility type beds</li> <li>• NFMH Beds – Nursing Facility for Mental Health Facility type beds</li> <li>• RHCF Beds – Residential Health Care Facility type beds</li> <li>• Cert Beds SNF Only – Skilled Nursing Facility type CMS certified beds.</li> <li>• Cert Beds SNF NF – Skilled Nursing Facility and Nursing Facility type CMS certified beds.</li> <li>• Cert Beds NF Only –Nursing Facility type CMS certified beds.</li> <li>• Cert Beds IMR Only – Intermediate Care for the Mentally Retarded Facility type CMS certified beds.</li> </ul> <p>To enter certified beds there must be a CMS Certification Number and Effective Date entered.</p>
Notes	<p>The comment area is for KDADS to make notes as needed regarding the facility.</p>
Mailing Address	<p>Expandable Region – Click on the arrow to display the following information.</p> <ul style="list-style-type: none"> <li>• Mailing Address, City, State and Zip Code</li> </ul>

## Facility Info – Facility Maintenance *(continued)*

Page Regions continued

Region	Purpose
Owner / Lessee / Management Information	<p>A limited view of the information is displayed:</p> <ul style="list-style-type: none"> <li>• Building Owner</li> <li>• Management Firm</li> <li>• Lessee</li> <li>• SubLessee</li> </ul> <p>Click on Edit button to display the complete record:</p> <ul style="list-style-type: none"> <li>• Building Owner                         <ul style="list-style-type: none"> <li>○ Entity Type</li> <li>○ Address, City, State, ZipCode</li> <li>○ Contact Person</li> <li>○ Effective Date                                 <ul style="list-style-type: none"> <li>▪ Resident Agent</li> <li>▪ Address, City, State, ZipCode</li> </ul> </li> </ul> </li> <li>• Management Firm                         <ul style="list-style-type: none"> <li>○ Entity Type</li> <li>○ Address, City, State, ZipCode</li> <li>○ Contact Person</li> <li>○ Effective Date                                 <ul style="list-style-type: none"> <li>▪ Resident Agent</li> <li>▪ Address, City, State, ZipCode</li> </ul> </li> </ul> </li> <li>• Lessee                         <ul style="list-style-type: none"> <li>○ Entity Type</li> <li>○ Address, City, State, ZipCode</li> <li>○ Contact Person</li> <li>○ Effective Date                                 <ul style="list-style-type: none"> <li>▪ Resident Agent</li> <li>▪ Address, City, State, ZipCode</li> </ul> </li> </ul> </li> <li>• SubLessee                         <ul style="list-style-type: none"> <li>○ Entity Type</li> <li>○ Address, City, State, ZipCode</li> <li>○ Contact Person</li> <li>○ Effective Date                                 <ul style="list-style-type: none"> <li>▪ Resident Agent</li> <li>▪ Address, City, State, ZipCode</li> </ul> </li> </ul> </li> </ul> <p>Also available is a change history table.</p>

## Facility Info – Facility Maintenance *(continued)*

Page Regions continued

Region	Purpose
Construction / Licensing / Ownership	<p>Expandable Region – Click on the arrow to display the following information.</p> <p><b>Construction:</b></p> <ul style="list-style-type: none"> <li>• Type of Construction – Remodel, New Construction or Addition</li> <li>• Letter Of Intent Received</li> <li>• Notify State Fire Marshall</li> <li>• Site Approved</li> <li>• Applications Requested</li> <li>• Applications Received</li> <li>• Finished Plans Received</li> <li>• 50% Notification Received</li> <li>• 30 Day Notification Received</li> <li>• 30 Day SFM Survey Received</li> <li>• 30 Day KDADS Survey Requested</li> <li>• 30 Day KDADS Survey Received</li> <li>• License Approved</li> <li>• Notes</li> </ul> <p><b>Change of Ownership/Amended Application:</b></p> <ul style="list-style-type: none"> <li>• Type of Change – Change of Ownership, Amended Application, Initial License</li> <li>• Change of Ownership Requested</li> <li>• Letters and Applications Sent</li> <li>• Applications and Fees Received</li> <li>• Application Returned</li> <li>• Secretary of State (SOS) Received</li> <li>• Secretary of State (SOS) Approved</li> <li>• Financial Statements</li> <li>• Sales Contract</li> <li>• Lease Contract</li> <li>• Management Contract</li> <li>• Background Information</li> <li>• Date Licensed</li> <li>• Notes</li> </ul>

## Facility Info – Facility Maintenance *(continued)*

Page Regions      continued

Region	Purpose
Facility Statistical Reports	A listing of the Facility Statistical Reports submitted by the facility during the reporting timeframe.
2567 Deficiencies Report	CURRENTLY UNDER DEVELOPMENT  Listing of the surveys, any deficiencies received, and the ability to enter the Plan of Correction for those deficiencies.

# Facility Info – Facility Home

**Introduction** The Facility Home Page reflects the information that displays when the facility accesses the application.



**Licensure, Certification and Evaluation Commission**  
USER TEST Version: 2.0 2011/05/24@10:54:01  
 Welcome  
[Problem Reports](#) [Statistical Reports](#)

**Facility Home**

[Directory Detail](#) [Other Facilities List](#)

---

**State Id:** N089067    **Facility Name:** #1 PLACE TO BE

**Facility Type(s):**  
021 - Nursing Home (NH) / SNF/NF DUAL CERT

**ADDRESS:** 101 STREET PLACE  
TOPEKA, KS 66603

**County:** SHAWNEE  
**Phone:** (785) 296-6459    **FAX:** (785) 296-0256

**Email:** KAMISII@AGING.KS.GOV

**Facility Web Page:** WWW.AGING.KS.GOV

**Administrator Name:** SCOBBY DOO  
**Administrator Title:** THE BIG DOG  
**Admin Email:** KAMISII@AGING.KS.GOV

**Administrator License Nbr:**



**C. T. O.**

To request changes to facility information click the button below for the type of change you wish to make.

[Request Change of Administrator/Operator](#)

[Request Change of Address/Email/WebPage](#)

[Request Change of Resident Capacity](#)

[Request for Change in Use of Required Room](#)

[Request for Dual Administrator/Operator](#)

[Annual Application](#)    Renewal Date: 07/01/2011

**Change Requests/Applications**

View	Type Of Request	Desc	Effective Date	Processed
	Administrator		06/01/2011	No
				1 - 1

**Correspondence History**

View	Type	Subject	From	Date
	LETTER	Renewal Letter	TRAININGUSER	05/18/2011
	EMAIL	Renewal Letter	DEBYZIMMERMAN	05/17/2011
				1 - 2

---

**Facility Statistical Reports**

Edit	Year	Period	Type	Facility Type	Form Status
	2010	Annual	021	Nursing Home (NH) / SNF/NF	VIEW
	2010	Jul 1 - Dec 31	021	Nursing Home (NH) / SNF/NF	VIEW
	2010	Jan 1 - Jun 30	021	Nursing Home (NH) / SNF/NF	VIEW
	2010	Annual	XXM	Assisted Living Facility	VIEW
	2010	Jul 1 - Dec 31	XXM	Assisted Living Facility	VIEW
	2010	Jan 1 - Jun 30	XXM	Assisted Living Facility	VIEW
					1 - 6

**Resident Capacity - Total Beds**

**Total Resident Capacity:**

NF Beds     NFMH Beds

ALF Beds     RHCF Beds

ADC Beds     Cert SNF Only

BCH Beds     Cert SNF/NF

HP Beds     Cert NF Only

IMR Beds     Cert IMR

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**Surveys with Link to Deficiencies Reports (2567)**

ASPEN Event Id	State Id	Start Date	Exit Date
ASPEN	N086001	12/16/2010	12/20/2010

**Bed Assessment Listing**

Due Date	Rate	Annual Assessment	Quarterly Assessment	Paid Date
04/30/2011	250	52,250	39,188	

## Facility Info – Facility Home *(continued)*

**Page Regions** The below table explains the difference regions within the page. Also listed is what type of data is displayed and the purpose or actions that can be taken within the region. For detailed instructions, refer to the Facility instructions.

Region	Purpose
Facility Information	<p>The demographics of the Facility on File</p> <ul style="list-style-type: none"> <li>• State ID</li> <li>• Facility Type(s)</li> <li>• Address</li> <li>• Phone/FAX</li> <li>• Facility Email</li> <li>• Facility Web Page</li> <li>• Administrator Name and Title</li> <li>• Administrator E-mail</li> <li>• Administrator License Number</li> </ul> <p>To update or change any of the above information, the appropriate change form will need to be completed by the facility and submitted to KDADS.</p>
Facility Statistical Reports	<p>During the reporting period, the facility can create the Facility Statistical. A create button displays only during the reporting period.</p> <p>A table is displayed listing the submitted reports and the reports can be viewed.</p>
Surveys / 2567 Deficiencies Report(s)	<p>CURRENTLY UNDER DEVELOPMENT – Listing of the completed surveys, any deficiencies received, and the ability to enter the Plan of Correction for those deficiencies. Will also display the final report.</p>
Create CTO Button	<p>Accesses the Community Transition Opportunity (CTO) Application Available only if user has CTO Worksheet access.</p>
Request Change of Administrator / Operator	<p>Includes the availability to enter credit card payment information in a secured environment for payment of the required fees.</p>
Request Change of Address / Email / Webpage	<p>No fee is charged</p>

## Facility Info – Facility Home *(continued)*

Page Regions continued

Region	Purpose
Request Change of Resident Capacity	Includes: A file upload option for the Floor Plans. Includes the ability to enter credit card payment information in a secured environment for payment of the required fees.
Request for Change in Use of Required Room	Includes: A file upload option for the Floor Plans. Includes the ability to enter credit card payment information in a secured environment for payment of the required fees.
Request for Dual Administrator / Operator	Includes: A file upload option for the Floor Plans. Includes the ability to enter credit card payment information in a secured environment for payment of the required fees.
Annual Application	Includes: A file upload option for the Floor Plans. Includes the ability to enter credit card payment information in a secured environment for payment of the required fees.
Payment Option with each electronic request.	Allows the facility to select the payment options for paying the required fees.  Options are Cash, Check, Money Order, Credit Card  Information is in a secured environment for payment of the required fees.
Resident Capacity - Total Beds	Indicates the number of beds and bed types that are currently licensed for the facility.
Bed Assessments Listing	
Change Requests Submitted	A listing of the Change Requests submitted. The listing will indicate if KDADS has processed the change.
Correspondence History	A quick listing of the electronic correspondence sent to the facility via e-mail blasts.

# Facility Info – Directory Detail

**Introduction**      The Directory Detail page displays the information that is included in the public online directory.

The screenshot shows a web browser window titled "Facility\_Detail\_Page - Windows Internet Explorer". The address bar shows a URL from the Kansas Aging website. The page header includes the Kansas Department on Aging logo and the text "Licensure, Certification and Evaluation Commission". A navigation menu contains tabs for "Directory", "Facility Info", "Change Log", "Surveys", "Rpt Smry", "Utilities", and "Worklist". The "Facility Info" tab is active, and a sub-menu shows "Facility Maintenance 10", "Facility Home 3", and "Directory Detail 902".

The main content area displays the following information:

**#1 PLACE TO BE**  
 101 STREET PLACE  
 TOPEKA, KS 66603

021 - Nursing Home (NH) / SNF/NF DUAL CERT      State Id Number: N089067      Certification Number: HJ1122

Telephone: 785-296-6459      County: SHAWNEE      Administrator: SCOBBY DOO  
 Fax: 785-296-0256      Area: Northeast      Web site: WWW.AGING.KS.GOV

Total Beds: 150	
<b>Limited Beds</b> Maximum number of beds in each licensed category	
Nursing Facility (NF)	150
<b>Certified Beds:</b> Number of beds certified by the federal program (Medicare and/or Medicaid) as listed in each category	
Medicare Skilled Nursing Facility Only	25
Medicare/Medicaid Skilled Nursing Facility/Nursing Facility (dual certification)	50
Medicaid Nursing Facility Only	75

Building owner: SCRAPPY DOO, LLC (Owner - Limited Liability Company (LLC))  
 Management firm: SCRAPPY DOO, LLC (Management Firm - Limited Liability Company (LLC))  
 Lessee: SCRAPPY DOO, LLC (Lessee - Limited Liability Company (LLC))  
 Sub-lessee: SCRAPPY DOO, LLC (Sublessee - Limited Liability Company (LLC))

At the bottom of the page, there is a disclaimer: "| KDOA Disclaimer | Kansas Open Records | KDOA Privacy Statement | Kansas.gov Home Page | Contact KDOA |". The browser status bar shows "Done" and "Internet".

# Change Log

**Introduction** This page lists all the changes made to the facility during a specific time period.

The defaults are:

- Time period is the 30 days prior to the current date.
- Search is defaulted to the selected facility. The Search criteria can be changed at any point.

Information displayed:

- Date of the Change
- Type of Change
- Person who performed the change
- What version of the record was changed
- What field was changed
- The new value and the old value of the information

**Change Log - Windows Internet Explorer**

https://webapps.aging.ks.gov/pls/apex.../P35\_FACILITY\_SEARCH.N089067

Licensure, Certification and Evaluation Commission  
 USER TEST Version: 2.0 2011/05/24@09:54:54  
 Welcome DEBYZIMMERMAN  
 Problem Reports Statistical Reports\*

Directory Facility Info **Change Log** Surveys Rpt Smry Utilities Worklist

Change Log

Start Search Date 04/24/2011 End Search Date  Go Show All Dates

Search N089067 [Enter the State ID or part of the facility name] Clear Search

**-N089067 - #1 PLACE TO BE**

Change Date	Type of Change	Change By	Version Changed	Change Field	New Value	Old Value
05/24/2011	Record Update	Deby Zimmerman	3	FAC_WEB_PAGE	WWW.AGING.KS.GOV	blank
05/24/2011	Record Update	Deby Zimmerman	3	FAX	7852960256	blank
05/24/2011	Record Update	Deby Zimmerman	2	ADMIN_EMAIL	KAMISII@AGING.KS.GOV	DEBY.ZIMMERMAN@AGING.KS.GOV
05/24/2011	Record Update	Deby Zimmerman	2	EMAIL	KAMISII@AGING.KS.GOV	DEBY.ZIMMERMAN@AGING.KS.GOV
05/13/2011	Record Update	Deby Zimmerman	1	FACILITY_STATUS	ACTIVE	PENDING
05/13/2011	Update Record	Deby Zimmerman	1	MAILING ADDRESS	P O BOX 111 TOPEKA, KS 66601	v_old_address

javascript:hide\_div('N089067');

# Surveys – Survey List

## Introduction

All facilities are scheduled through this application in order for the information to be updated and Cover Sheets printed for the Regional Offices.

The Survey List contains:

- Filters:
  - Regional Area (default is ALL)
  - Survey Status (default is Scheduled).
- Search Options:
  - Scheduled Date
  - Survey Exit Date
  - Type the State ID or a portion of the facility name.
- Sort Options: The Columns where the title is underlined can be sorted.

Press the **Go** button to perform a new search after entering criteria.

Click on the **pencil icon** to open the scheduled survey.

Click on the **Create New Survey** tab to create a new survey.

Edit	Scheduled Date	Completed Date	Survey ID	State ID	Facility Name	CMS Certification	Facility City	Area	LSC Interval	HS Interval	HS Status	Hs Survey Type
	07/12/2011		1824-1	N089067	#1 PLACE TO BE	HIJ1122	TOPEKA	NE	0	0	Scheduled	INITIAL
	11/30/2010		947-1	N046057	ABERDEEN VILLAGE	175448	OLATHE	LW	13	9	Scheduled	RESURVEY
	05/01/2011		1553-1	B007002	ABUNDANT LIFE CARE CENTER		HIAWATHA	W	(null)	8	Scheduled	RESURVEY
	04/30/2011		1795-1	N099001	ALMA MANOR	175346	ALMA	NE	(null)		Scheduled	(null)
	11/30/2010		950-1	N069001	ANDBE HOME, INC	175506	NORTON	W	13	11	Scheduled	RESURVEY
	01/01/2011		1555-1	N059017	ANGEL ARMS		MCPHERSON	MHRF	(null)	9	Scheduled	RESURVEY
	09/30/2010		952-1	N039001	ANTHONY COMMUNITY CARE CENTER	17E630	ANTHONY	SC	13	9	Scheduled	RESURVEY
	09/30/2010		953-1	N066001	APOSTOLIC CHRISTIAN HOME	175376	SABETHA	NE	15	9	Scheduled	RESURVEY
	04/30/2011		954-1	N067003	APPLEWOOD REHABILITATION INC	175443	CHANUTE	SE	10	10	Scheduled	RESURVEY
	05/01/2011		1556-1	B087136	ARBOR HOME - FARMSTEAD		WICHITA	MHRF	(null)	8	Scheduled	RESURVEY
	08/10/2010		1557-1	B087137	ARBOR HOME - MARJORIE		WICHITA	MHRF	(null)	-3	Scheduled	RESURVEY
	12/01/2010		1558-1	B087153	ARBOR HOME - ROCKWOOD		WICHITA	MHRF	(null)	9	Scheduled	RESURVEY
	06/10/2010		1559-1	B087132	ARBOR HOME - SIEFKIN		WICHITA	MHRF	(null)	10	Scheduled	RESURVEY
	05/31/2010		955-1	N018008	ARKANSAS CITY PRESBYTERIAN MANOR	175309	ARKANSAS CITY	SC	(null)	12	Scheduled	RESURVEY
	09/10/2010		1560-1	N001007	ARROWOOD LANE		HUMBOLDT	MHRF	(null)	-2	Scheduled	RESURVEY
	10/15/2010		1518-1	N001007	ARROWOOD LANE		HUMBOLDT	MHRF	0	0	Scheduled	RESURVEY
	12/01/2010		1796-1	N001007	ARROWOOD LANE		HUMBOLDT	MHRF	(null)	0	Scheduled	REVISIT

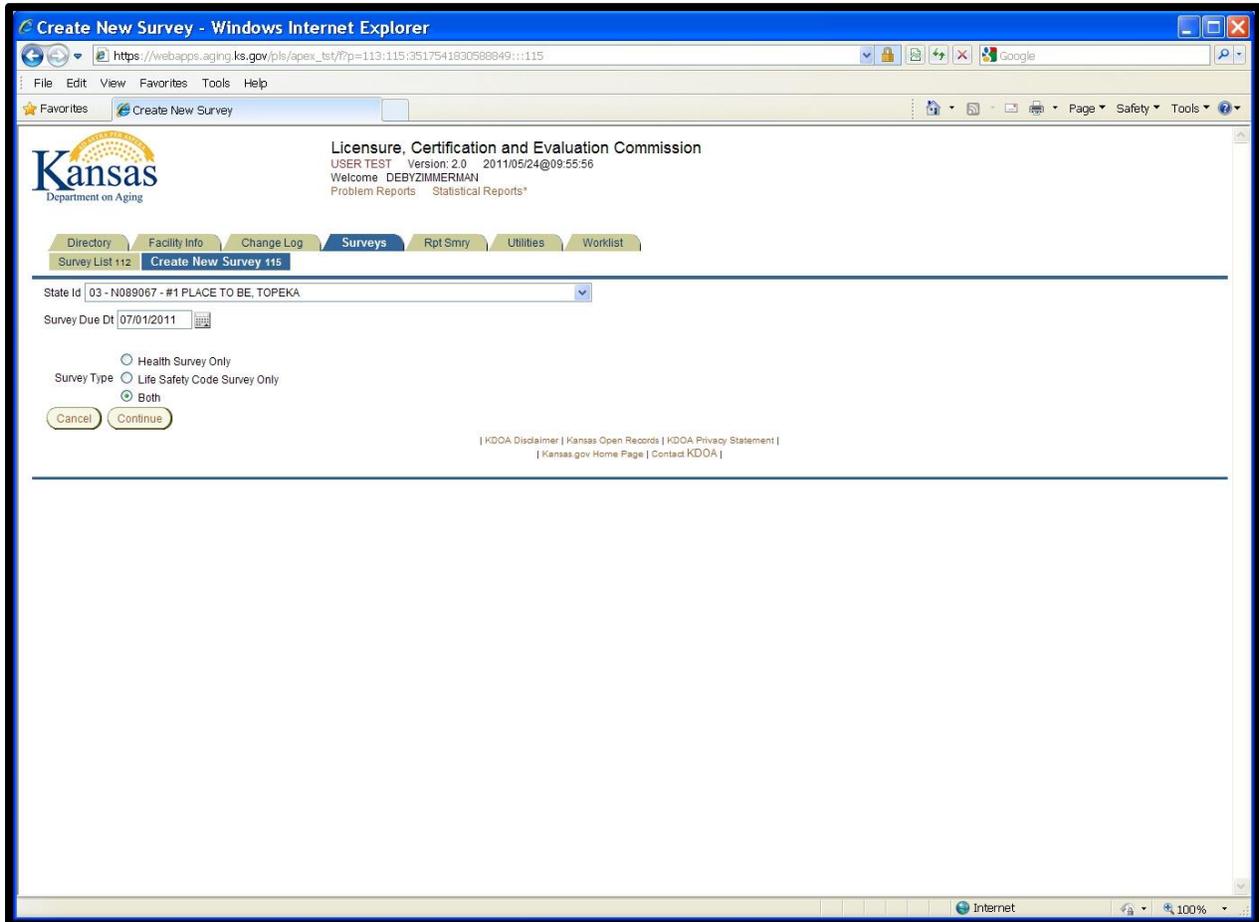
## Surveys – Survey List *(continued)*

**Columns**            The below table explains the columns within the page.

Columns	Purpose

## Surveys – Create New Survey

**Introduction** This page will start the process of creating a new survey for a facility.



**How To** Follow the steps in the table below to create a new scheduled survey for a facility.

Step	Action	Result
1.	Select the <b>Facility</b> from the drop down list.	List is in alphabetical order. All active and pending facilities are listed.
2.	Enter <b>Survey Due Date</b>	
3.	Select <b>Survey Type</b> : <ul style="list-style-type: none"> <li>• Health Survey Only</li> <li>• Life Safety Code Survey Only</li> <li>• Both</li> </ul>	
4.	Click on the <b>Continue</b> Button.	Survey Detail Page displays.

**Note:** At this time, the survey has not been created until a minimum amount of the Health Survey and/or Life Safety Code Survey information is completed on the Survey Detail Page.

# Surveys – Survey Detail

**Introduction** This is the final step in creating a scheduled survey. The required information under the regions of Health Survey and/or Life Safety Code Survey will need to be completed then saved.

**How To** Follow the steps in the table below to complete a new scheduled survey for a facility.

Step	Action	Result
1.		

**Licensure, Certification and Evaluation Commission**  
 USER TEST Version: 2.0 2011/05/24@10:04:42  
 Welcome  
 Problem Reports Statistical Reports\*

Directory Facility Info Change Log **Surveys** Rpt Smry Utilities Worklist  
 Survey List 112 Create New Survey 115 **Survey Detail 114** Print Cover sheet

DELETED Survey ID 1826-1 State Id: 03 - N089067 - #1 PLACE TO BE, TOPEKA Scheduled Date: 07/01/2011

**Health Survey**  
 Survey Status: Scheduled Start Date: Exit Date:  
 Interval: 0 (months) Previous Survey:  
 Survey Type:  ABBREVIATED  COMPLAINT  INITIAL  
 LICENSE  RESURVEY  REVISIT  
 Regional Manager:  
 Survey Notes (cover sheet):  
 Internal Notes: ASPEN Event Id:  
 CANCEL SAVE

Team Leader: Surveys Available: Dan Peterson, Deby Zimmerman, Henry Mace, Jeff Burkhart, Jo Bauer, Kathryn Wahwasuck Assigned:

**Life Safety Code Survey**  
 Survey Status: Scheduled Start Date: End Date:  
 Interval: 0 (months) Previous Survey:  
 Survey Type:  INITIAL  LICENSE  
 RESURVEY  
 Survey Notes:

**Hearing**  
 Hearing Ind:  Requested Date: Performed Date:  
 Hearing Outcome:  No Change  Revised  Settlement  
 Win  Loss  
 Hearing Notes:

**Health Survey Enforcement Remedies**  
 Expected Compliance Date: Create Follow-up Visit:  
 No Deficiency  No Enforcement  Immediate Jeopardy  
 Completed Date: Extended/Partial Extended:   
 Penalty Amount: Paid Date: Paid Amount:

Remedy Description	Imposed Date	End Date	Remedy Notes	Case #	Date Mailed
Discretionary Deny Pay for New Admits	<input type="checkbox"/>				
Mandatory Deny Pay for New Admits	<input type="checkbox"/>				
Civil Money Penalty	<input type="checkbox"/>				
Discretionary Termination	<input type="checkbox"/>				
Mandatory Termination	<input type="checkbox"/>				

Correction Notes: SAVE Enforcement Remedies

**Payment Schedule**  
 Pay Schedule Start Date: Number of Months:  
 Monthly Amount: Last Payment Amount: Create Pay Schedule

## Surveys – Survey Detail *(continued)*

**Page Regions**      The below table explains the difference regions within the page. Also listed is what type of data is displayed and the purpose or actions that can be taken within the region.

Region	Purpose

## Surveys – Survey Detail *(continued)*

Page Regions      continued

Region	Purpose

# Surveys – Health Survey Enforcement Remedies

## Introduction

**How To** Follow the steps in the table below to complete the Health Survey Enforcement Remedies information.

Step	Action	Result
1.		

The screenshot shows a web-based form titled "Health Survey Enforcement Remedies". At the top, there is a header with user information: "Jo Bauer" and "Kathryn Wahwasuck". Below the header, there is a section for "Expected Compliance Date" with a date picker and a "Create Follow-up Visit" button. The form includes several radio button options: "No Deficiency", "No Enforcement", and "Immediate Jeopardy". There is also a checkbox for "Extended/Partial Extended". To the right, there are input fields for "Penalty Amount", "Paid Date" (with a date picker), and "Paid Amount". Below these is a table with columns: "Remedy Description", "Imposed Date", "End Date", "Remedy Notes", "Case #", and "Date Mailed". The table contains five rows of remedial actions, each with a checkbox and corresponding input fields: "Discretionary Deny Pay for New Admits", "Mandatory Deny Pay for New Admits", "Civil MoneyPenalty", "Discretionary Termination", and "Mandatory Termination". At the bottom, there is a "Correction Notes" text area and a "SAVE Enforcement Remedies" button.

## **Surveys – Health Survey Enforcement** *(continued)*

### **Introduction**

## Surveys – Hearing

### Introduction

**Hearing**

Hearing Ind  Requested Date   
Performed Date   
Hearing Outcome  No Change  Revised  Settlement  
 Win  Loss

Hearing Notes

[Payment Schedule](#)

**How To** Follow the steps in the table below to enter the hearing information.

Step	Action	Result
1.		

## Surveys – Payment Schedule

### Introduction



The screenshot shows a web form titled "Payment Schedule". At the top, there is a dropdown menu with "Income Source" selected. Below the title, there are four input fields: "Pay Schedule Start Date", "Number of Months", "Monthly Amount", and "Last Payment Amount". To the right of these fields is a yellow button labeled "Create Pay Schedule".

**How To** Follow the steps in the table below to create a payment schedule.

Step	Action	Result
1.		

# Rpt Smry – Report Summary

**Introduction** The Reports Summary page displays the statewide status of the Semi-annual and Annual reports for a specific year.



**Licensure, Certification and Evaluation Commission**  
 USER TEST Version: 2.0 2011/05/24@10:05:24  
 Welcome DEBYZIMMERMAN  
 Problem Reports Statistical Reports\*

Directory
Facility Info
Change Log
Surveys
Rpt Smry
Utilities
Worklist

Report Summary 77
Facility List By Type/Form Status 78

Year  Display Report  
Click this button to display report after selecting your options.

**Reports Summary**  
 Total Facilities (ACTIVE) for current reporting period: 616

	January-June				July-December				Annual			
	NF	ALF/RHCF	ICFMR	HOMEPLUS	NF	ALF/RHCF	ICFMR	HOMEPLUS	NF	ALF/RHCF	ICFMR	HOMEPLUS
0. Not Started	294	249	29	88	294	250	29	88	294	250	29	88
1. Assigned	0	0	0	0	0	0	0	0	0	0	0	0
2. WIP					0	0	0	0	0	0	0	0
3. Signed	0	0	0	0	0	0	0	0	0	0	0	0
4. Posted	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total ACTIVE</b>	<b>294</b>	<b>249</b>	<b>29</b>	<b>88</b>	<b>294</b>	<b>250</b>	<b>29</b>	<b>88</b>	<b>294</b>	<b>250</b>	<b>29</b>	<b>88</b>
5. Archived	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>294</b>	<b>249</b>	<b>29</b>	<b>88</b>	<b>294</b>	<b>250</b>	<b>29</b>	<b>88</b>	<b>294</b>	<b>250</b>	<b>29</b>	<b>88</b>

**Facilities Reporting No Residents**

###	TYPE	STATE_ID	Facility Name	City	Admin. Name	Phone

| KDOA Disclaimer | Kansas Open Records | KDOA Privacy Statement |  
 | Kansas.gov Home Page | Contact KDOA |

## Rpt Smry – Facility List by Type/Form Status

### Introduction

The Reports Summary page displays the Semi-annual and Annual reports by facility. This page is used to edit the reports submitted or to reset the status when there are errors the facility needs to correct. This page is usually used during the reporting period.

There are filters for displaying the information:

- A specific reporting period.
  - January 1 – June 30 (1<sup>st</sup> semi-annual timeframe)
  - July 1 – December 31 (2<sup>nd</sup> semi-annual timeframe)
  - Annual (January 1 – December 31)
- Form Types
  - NF & NFMH
  - ALF & RHCF
  - ICFMR
  - Home Plus
- Status
  - Not Started – Report has not been created.
  - Assigned
  - Work In Progress – Report was created but not signed.
  - Signed – Facility has completed the report and electronically signed the form.
  - Posted – KDADS has reviewed the report for correctness and posted it as complete.
  - Archived



Licensure, Certification and Evaluation Commission  
USER TEST Version: 2.0 2011/05/29@16:49:58  
 Welcome DEBYZIMMERMAN  
Problem Reports Statistical Reports\*

Directory
Facility Info
Change Log
Surveys
Rpt Smry
Utilities
Worklist

Report Summary 77
Facility List By Type/Form Status 78

Select Reporting Period:  Jan 1 - Jun 30  Jul 1 - Dec 31  Annual

Form Type:  NF and NFMH (21-24,XX7)  ALF and RHCF (XX3,XXM)  ICFMR (111)  HOME PLUS (XX5)

Status:  0.Not Started  1.Assigned  2.Work In Progress  3.Signed  4.Posted  5.Archived

**Annual List for facilities that have not started**

Count is: 294 ANNUAL - NF - 0.NotStarted

###	TYPE	STATE_ID	Facility Name	EDIT FORM	City	Admin. Name	Phone	Email
1	021:XXM	N046057	ABERDEEN VILLAGE	EDIT	OLATHE	JOHN T ALLIN	913.599.6100	TALLIN@PMMA.org
2	021:XXM	N089021	ALDERSGATE VILLAGE	EDIT	TOPEKA	JERRY NEY	785.478.9440	jney@aldersgatevillage.org
3	021:XX3	N099001	ALMA MANOR	EDIT	ALMA	ADAM ENTRESS	785.765.3318	aentress@midwest-health.com
4	021	N069001	ANDBE HOME, INC	EDIT	NORTON	NANCY RIGGS	785.877.2601	andbe@ruraltel.net
5	024	N039001	ANTHONY COMMUNITY CARE CENTER	EDIT	ANTHONY	DIANNE L POWELL	620.842.5187	dianne@anthonycommunitycare.com
6	021:XXM	N066001	APOSTOLIC CHRISTIAN HOME	EDIT	SABETHA	JOHN E. LEHMAN	785.284.3471	jehelman46@hotmail.com
7	021	N067003	APPLEWOOD REHABILITATION INC	EDIT	CHANUTE	SHIRLEY SHOWALTER	620.431.7300	showalter@chanuteks.com
8	021:XXM	N018008	ARKANSAS CITY PRESBYTERIAN MANOR	EDIT	ARKANSAS CITY	SARAH GRIGGS	620.442.8700	sgriggs@pmma.org
9	021:XXM	N040002	ASBURY PARK	EDIT	NEWTON	THOMAS WILLIAMS	316.283.4770	tomw@asbury-park.org
10	024	N003001	ATCHISON SENIOR VILLAGE	EDIT	ATCHISON	PEGGY HOUSE	913.367.1905	phouseasv@sbcglobal.net

## Utilities

### Introduction

The Utilities page provides a variety of routine administration tasks:

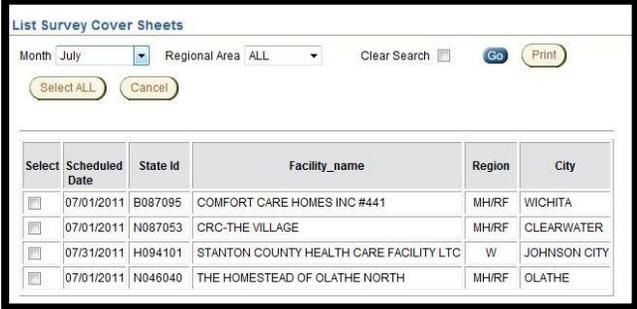
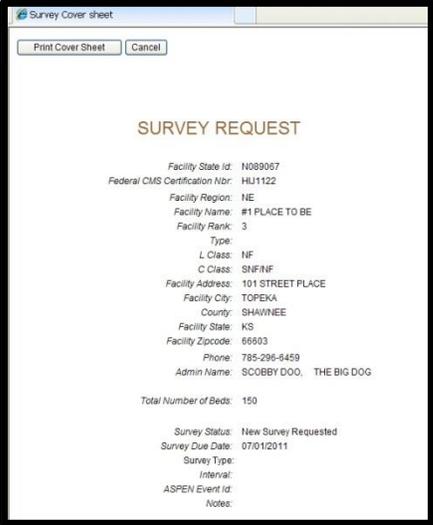
- Print Cover Sheets to distribute along with appropriate documents to the Regional Managers on surveys that are scheduled.
- Fire Marshall Reports – Scheduled surveys and upcoming License Renewals
- Renewal Letters – Provides a letter or e-mail regarding upcoming License Renewals
- E-Mail Blasts – A method to send mass e-mails to specific group(s) of facilities to the Administrators E-mail on file.
- Bed Assessment E-Mail Blasts – A method to send mass e-mails to specific group(s) of facilities to the Administrators E-mail on file regarding bed assessments.

The screenshot shows the 'Utilities' page of the Kansas Department on Aging's Licensure, Certification and Evaluation Commission. The page header includes the Kansas Department on Aging logo and the text 'Licensure, Certification and Evaluation Commission', 'USER TEST Version: 2.0 2011/05/24@10:06:02', 'Welcome DEBYZIMMERMAN', and links for 'Problem Reports' and 'Statistical Reports\*'. A navigation bar contains tabs for 'Directory', 'Facility Info', 'Change Log', 'Surveys', 'Rpt Smry', 'Utilities' (which is active), and 'Worklist'. Below the navigation bar, there are sub-tabs for 'Utilities 90', 'Renewals List 30', and 'Groups Maintenance 95'. The main content area features several buttons: 'Print Cover Sheets', 'Email Blast', 'Fire Marshall Survey Report', 'Bed Assessment Email Blast', 'Fire Marshall Renewal Report', and 'Renewal Letters'.

## Utilities – Print Cover Sheets

**Introduction** Print Cover Sheets to distribute along with appropriate documents to the Regional Managers on surveys that are scheduled.

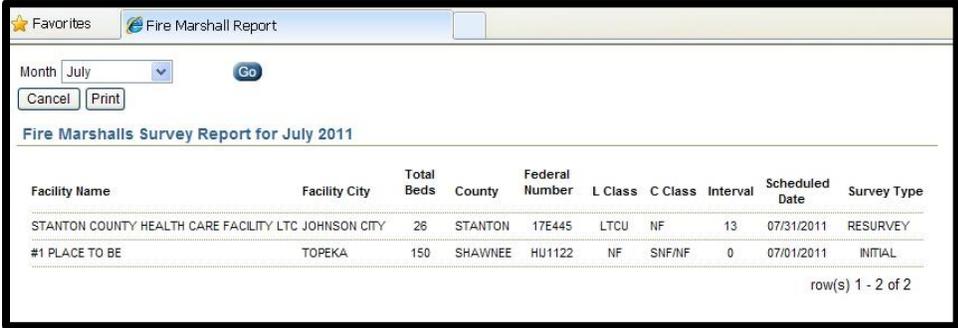
**How To** Follow the steps in the table below to print a cover sheets.

Step	Action	Result
2.	Click on the <b>Print Cover Sheets</b> button.	
3.	Select the <b>Month</b> and if appropriate the <b>Regional Area</b> .	
4.	Click on the <b>Go</b> button.	A listing of facilities are displayed.
		
5.	Select the individual facility or click on the <b>Select All</b> button.	
6.	Click on the <b>Print</b> button.	Cover sheets will display.
		
7.	Click on the <b>Print Cover Sheets</b> button.	Cover sheet(s) will print.

## Utilities – Fire Marshall Survey Report

**Introduction** This utility provides a report that can be sent to the Fire Marshall of scheduled surveys.

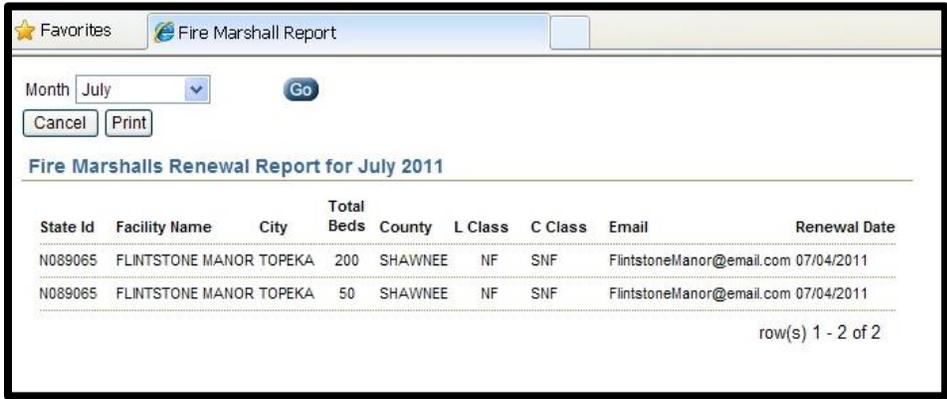
**How To** Follow the steps in the table below to print a report.

Step	Action	Result																														
1.	Click on the <b>Fire Marshall Survey Report</b> button.																															
2.	Select the <b>Month</b> .																															
3.	Click on the <b>Go</b> button.	Facility listing will display.																														
 <p>The screenshot shows a web browser window titled "Fire Marshall Report". At the top, there is a "Month" dropdown menu set to "July" and a "Go" button. Below these are "Cancel" and "Print" buttons. The main content area displays the title "Fire Marshalls Survey Report for July 2011" followed by a table with the following data:</p> <table border="1"> <thead> <tr> <th>Facility Name</th> <th>Facility City</th> <th>Total Beds</th> <th>County</th> <th>Federal Number</th> <th>L Class</th> <th>C Class</th> <th>Interval</th> <th>Scheduled Date</th> <th>Survey Type</th> </tr> </thead> <tbody> <tr> <td>STANTON COUNTY HEALTH CARE FACILITY LTC</td> <td>JOHNSON CITY</td> <td>26</td> <td>STANTON</td> <td>17E445</td> <td>LTCU</td> <td>NF</td> <td>13</td> <td>07/31/2011</td> <td>RESURVEY</td> </tr> <tr> <td>#1 PLACE TO BE</td> <td>TOPEKA</td> <td>150</td> <td>SHAWNEE</td> <td>HU1122</td> <td>NF</td> <td>SNF/NF</td> <td>0</td> <td>07/01/2011</td> <td>INITIAL</td> </tr> </tbody> </table> <p>At the bottom right of the table, it says "row(s) 1 - 2 of 2".</p>			Facility Name	Facility City	Total Beds	County	Federal Number	L Class	C Class	Interval	Scheduled Date	Survey Type	STANTON COUNTY HEALTH CARE FACILITY LTC	JOHNSON CITY	26	STANTON	17E445	LTCU	NF	13	07/31/2011	RESURVEY	#1 PLACE TO BE	TOPEKA	150	SHAWNEE	HU1122	NF	SNF/NF	0	07/01/2011	INITIAL
Facility Name	Facility City	Total Beds	County	Federal Number	L Class	C Class	Interval	Scheduled Date	Survey Type																							
STANTON COUNTY HEALTH CARE FACILITY LTC	JOHNSON CITY	26	STANTON	17E445	LTCU	NF	13	07/31/2011	RESURVEY																							
#1 PLACE TO BE	TOPEKA	150	SHAWNEE	HU1122	NF	SNF/NF	0	07/01/2011	INITIAL																							
4.	Click on the <b>Print</b> button.	Report will print.																														

## Utilities – Fire Marshall Renewal Report

**Introduction** This utility provides a report that can be sent to the Fire Marshall of upcoming License Renewals. This report replaces the need to copy and mail the license letters that were sent to the facilities.

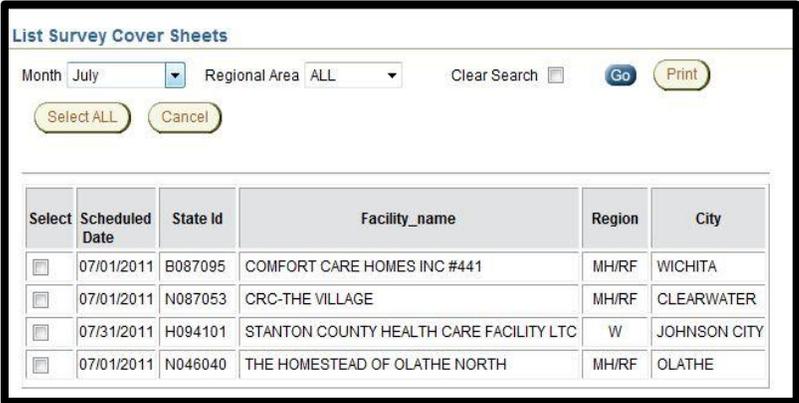
**How To** Follow the steps in the table below to print a report.

Step	Action	Result
1.	Click on the <b>Fire Marshall Renewal Report</b> button.	
2.	Select the <b>Month</b> .	
3.	Click on the <b>Go</b> button.	Facility listing will display.
 <p>The screenshot shows a web browser window titled "Fire Marshall Report". It features a dropdown menu for "Month" set to "July", a "Go" button, and "Cancel" and "Print" buttons. Below the controls is a table titled "Fire Marshalls Renewal Report for July 2011". The table has columns for State Id, Facility Name, City, Total Beds, County, L Class, C Class, Email, and Renewal Date. Two rows of data are visible, both for "FLINTSTONE MANOR TOPEKA" in "SHAWNEE" county, with renewal dates of "07/04/2011". A footer indicates "row(s) 1 - 2 of 2".</p>		
4.	Click on the <b>Print</b> button.	Report will print.

## Utilities – Renewal Letters

**Introduction** This utility produces a letter to the facility regarding upcoming License Renewals. When the letter is printed, the correspondence is posted on the Facility Home Page under the Correspondence History region.

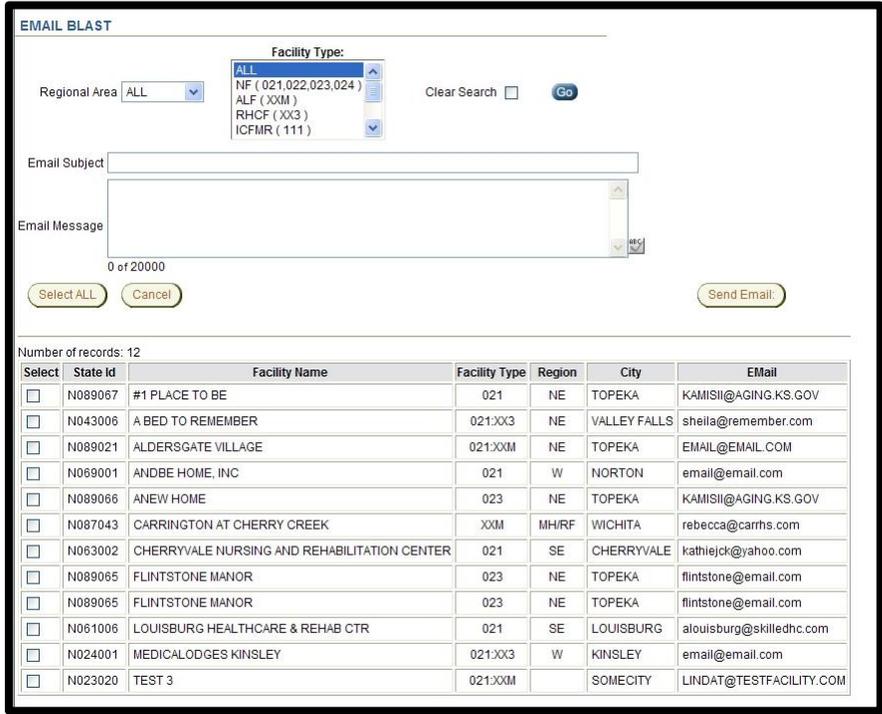
**How To** Follow the steps in the table below to print renewal letters.

Step	Action	Result																														
1.	Click on the <b>Renewal Letters</b> button.																															
2.	Select the <b>Month</b> and if appropriate the <b>Regional Area</b> .																															
3.	Click on the <b>Go</b> button.	A list of facilities is displayed.																														
 <table border="1" data-bbox="500 898 1247 1104"> <thead> <tr> <th>Select</th> <th>Scheduled Date</th> <th>State Id</th> <th>Facility_name</th> <th>Region</th> <th>City</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>07/01/2011</td> <td>B087095</td> <td>COMFORT CARE HOMES INC #441</td> <td>MH/RF</td> <td>WICHITA</td> </tr> <tr> <td><input type="checkbox"/></td> <td>07/01/2011</td> <td>N087053</td> <td>CRC-THE VILLAGE</td> <td>MH/RF</td> <td>CLEARWATER</td> </tr> <tr> <td><input type="checkbox"/></td> <td>07/31/2011</td> <td>H094101</td> <td>STANTON COUNTY HEALTH CARE FACILITY LTC</td> <td>W</td> <td>JOHNSON CITY</td> </tr> <tr> <td><input type="checkbox"/></td> <td>07/01/2011</td> <td>N046040</td> <td>THE HOMESTEAD OF OLATHE NORTH</td> <td>MH/RF</td> <td>OLATHE</td> </tr> </tbody> </table>			Select	Scheduled Date	State Id	Facility_name	Region	City	<input type="checkbox"/>	07/01/2011	B087095	COMFORT CARE HOMES INC #441	MH/RF	WICHITA	<input type="checkbox"/>	07/01/2011	N087053	CRC-THE VILLAGE	MH/RF	CLEARWATER	<input type="checkbox"/>	07/31/2011	H094101	STANTON COUNTY HEALTH CARE FACILITY LTC	W	JOHNSON CITY	<input type="checkbox"/>	07/01/2011	N046040	THE HOMESTEAD OF OLATHE NORTH	MH/RF	OLATHE
Select	Scheduled Date	State Id	Facility_name	Region	City																											
<input type="checkbox"/>	07/01/2011	B087095	COMFORT CARE HOMES INC #441	MH/RF	WICHITA																											
<input type="checkbox"/>	07/01/2011	N087053	CRC-THE VILLAGE	MH/RF	CLEARWATER																											
<input type="checkbox"/>	07/31/2011	H094101	STANTON COUNTY HEALTH CARE FACILITY LTC	W	JOHNSON CITY																											
<input type="checkbox"/>	07/01/2011	N046040	THE HOMESTEAD OF OLATHE NORTH	MH/RF	OLATHE																											
4.	Select the individual facility or click on the <b>Select All</b> button																															
5.	Click on the <b>Print</b> button.	Letter(s) will display.																														
																																
6.	Click on the <b>Print Displayed Reports/Letters</b> button.	Letter(s) will print.																														

## Utilities – E-Mail Blast

**Introduction** This is a method to send mass e-mails to specific group(s) of facilities to the Administrators E-mail on file. When an e-mail blast is sent, the correspondence is posted on the Facility Home Page under the Correspondence History region.

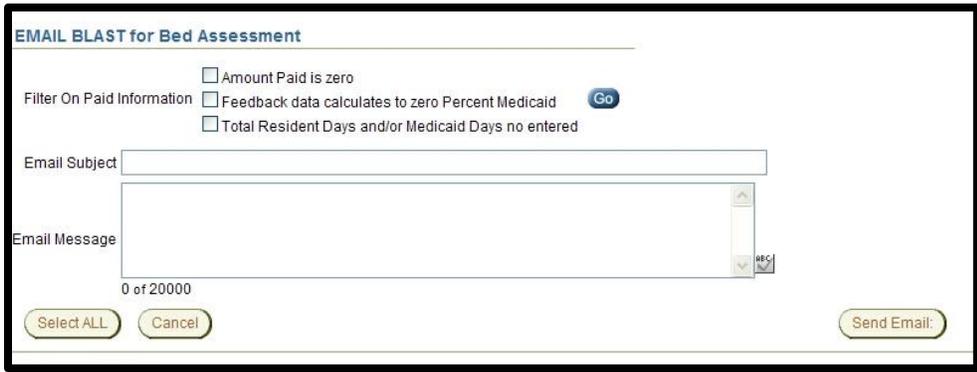
**How To** Follow the steps in the table below to create an e-mail blast.

Step	Action	Result																																																																																											
1.	Click on <b>E-Mail Blast</b> button.																																																																																												
2.	Select the <b>Regional Area</b> . (Optional)	All (statewide) is the default.																																																																																											
3.	Select the <b>Facility Type</b> . (Optional)	All is the default.																																																																																											
4.	Click on the <b>Go</b> button.	Listing displays																																																																																											
 <p>The screenshot shows the 'EMAIL BLAST' interface. At the top, there are dropdown menus for 'Regional Area' (set to 'ALL') and 'Facility Type' (set to 'ALL'). A 'Go' button is visible. Below these are text boxes for 'Email Subject' and 'Email Message'. At the bottom of the form are 'Select ALL', 'Cancel', and 'Send Email' buttons. Below the form is a table with 12 records, each with a 'Select' checkbox, 'State Id', 'Facility Name', 'Facility Type', 'Region', 'City', and 'Email' columns.</p> <table border="1" data-bbox="451 1102 1284 1465"> <thead> <tr> <th>Select</th> <th>State Id</th> <th>Facility Name</th> <th>Facility Type</th> <th>Region</th> <th>City</th> <th>Email</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td>N089067</td><td>#1 PLACE TO BE</td><td>021</td><td>NE</td><td>TOPEKA</td><td>KAMISII@AGING.KS.GOV</td></tr> <tr><td><input type="checkbox"/></td><td>N043006</td><td>A BED TO REMEMBER</td><td>021:XX3</td><td>NE</td><td>VALLEY FALLS</td><td>sheila@remember.com</td></tr> <tr><td><input type="checkbox"/></td><td>N089021</td><td>ALDERSGATE VILLAGE</td><td>021:XXM</td><td>NE</td><td>TOPEKA</td><td>EMAIL@EMAIL.COM</td></tr> <tr><td><input type="checkbox"/></td><td>N069001</td><td>ANDBE HOME, INC</td><td>021</td><td>W</td><td>NORTON</td><td>email@email.com</td></tr> <tr><td><input type="checkbox"/></td><td>N089066</td><td>ANEW HOME</td><td>023</td><td>NE</td><td>TOPEKA</td><td>KAMISII@AGING.KS.GOV</td></tr> <tr><td><input type="checkbox"/></td><td>N087043</td><td>CARRINGTON AT CHERRY CREEK</td><td>XXM</td><td>MH/RF</td><td>WICHITA</td><td>rebecca@carths.com</td></tr> <tr><td><input type="checkbox"/></td><td>N063002</td><td>CHERRYVALE NURSING AND REHABILITATION CENTER</td><td>021</td><td>SE</td><td>CHERRYVALE</td><td>kathiejck@yahoo.com</td></tr> <tr><td><input type="checkbox"/></td><td>N089065</td><td>FLINTSTONE MANOR</td><td>023</td><td>NE</td><td>TOPEKA</td><td>flintstone@email.com</td></tr> <tr><td><input type="checkbox"/></td><td>N089065</td><td>FLINTSTONE MANOR</td><td>023</td><td>NE</td><td>TOPEKA</td><td>flintstone@email.com</td></tr> <tr><td><input type="checkbox"/></td><td>N061006</td><td>LOUISBURG HEALTHCARE &amp; REHAB CTR</td><td>021</td><td>SE</td><td>LOUISBURG</td><td>alouisburg@skilledhc.com</td></tr> <tr><td><input type="checkbox"/></td><td>N024001</td><td>MEDICALODGES KINSLEY</td><td>021:XX3</td><td>W</td><td>KINSLEY</td><td>email@email.com</td></tr> <tr><td><input type="checkbox"/></td><td>N023020</td><td>TEST 3</td><td>021:XXM</td><td></td><td>SOMECITY</td><td>LINDAT@TESTFACILITY.COM</td></tr> </tbody> </table>			Select	State Id	Facility Name	Facility Type	Region	City	Email	<input type="checkbox"/>	N089067	#1 PLACE TO BE	021	NE	TOPEKA	KAMISII@AGING.KS.GOV	<input type="checkbox"/>	N043006	A BED TO REMEMBER	021:XX3	NE	VALLEY FALLS	sheila@remember.com	<input type="checkbox"/>	N089021	ALDERSGATE VILLAGE	021:XXM	NE	TOPEKA	EMAIL@EMAIL.COM	<input type="checkbox"/>	N069001	ANDBE HOME, INC	021	W	NORTON	email@email.com	<input type="checkbox"/>	N089066	ANEW HOME	023	NE	TOPEKA	KAMISII@AGING.KS.GOV	<input type="checkbox"/>	N087043	CARRINGTON AT CHERRY CREEK	XXM	MH/RF	WICHITA	rebecca@carths.com	<input type="checkbox"/>	N063002	CHERRYVALE NURSING AND REHABILITATION CENTER	021	SE	CHERRYVALE	kathiejck@yahoo.com	<input type="checkbox"/>	N089065	FLINTSTONE MANOR	023	NE	TOPEKA	flintstone@email.com	<input type="checkbox"/>	N089065	FLINTSTONE MANOR	023	NE	TOPEKA	flintstone@email.com	<input type="checkbox"/>	N061006	LOUISBURG HEALTHCARE & REHAB CTR	021	SE	LOUISBURG	alouisburg@skilledhc.com	<input type="checkbox"/>	N024001	MEDICALODGES KINSLEY	021:XX3	W	KINSLEY	email@email.com	<input type="checkbox"/>	N023020	TEST 3	021:XXM		SOMECITY	LINDAT@TESTFACILITY.COM
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5.	Select the individual facility or click on the <b>Select All</b> button																																																																																												
6.	Type the <b>E-mail Subject</b> .																																																																																												
7.	Type the <b>E-mail message</b> .																																																																																												
8.	Click on the <b>Send E-mail</b> button.	E-mail will be sent from the server with the users e-mail account designated.																																																																																											
<p><b>Note:</b> If there are invalid e-mail addresses in the listing, the e-mails will be returned to the users e-mail account.</p>																																																																																													

## Utilities – Bed Assessment E-Mail Blast

**Introduction** This is a method to send mass e-mails to specific group(s) of facilities to the Administrators E-mail on file regarding bed assessments. When an e-mail blast is sent, the correspondence is posted on the Facility Home Page under the Correspondence History region.

**How To** Follow the steps in the table below to create an e-mail blast.

Step	Action	Result
1.	Click on <b>Bed Assessment E-Mail Blast</b> button.	
2.	Select the appropriate filters: <ul style="list-style-type: none"> <li>• Amount Paid is zero.</li> <li>• Feedback data calculates to zero Percent Medicaid.</li> <li>• Total Resident Days and/or Medicaid Days no entered.</li> </ul>	
3.	Click on the <b>Go</b> button.	Listing displays
		
4.	Select the individual facility or click on the <b>Select All</b> button	
5.	Type the <b>E-mail Subject</b> .	
6.	Type the <b>E-mail message</b> .	
7.	Click on the <b>Send E-mail</b> button.	E-mail will be sent from the server with the users e-mail account designated.
<p><b>Note:</b> If there are invalid e-mail addresses in the listing, the e-mails will be returned to the users e-mail account.</p>		

## Utilities – Renewal Lists

**Introduction**      Possible page deletion. An older report that has been replaced.



**Kansas**  
Department on Aging

**Licensure, Certification and Evaluation Commission**  
 USER TEST    Version: 2.0    2011/05/29@15:39:54  
 Welcome DEBYZIMMERMAN  
[Problem Reports](#)    [Statistical Reports\\*](#)

Directory
Facility Info
Change Log
Surveys
Rpt Smry
Utilities
Worklist

Utilities 90
Renewals List 30
Groups Maintenance 95

---

**Annual Renewal Report**

+

Facility Name	State ID	Sent Date	Return Date	Approved Date	Rank	
+07/04/2011						
+07/01/2011						
-05/01/2011						
	Facility Name	State ID	Sent Date	Return Date	Approved Date	Rank
	JOHNSONVILLE HOME LLC	B105114				81
	KANSAS NEUROLOGICAL INSTITUTE	M089102				71
	LOCAMP LLC ADULT DAY CARE	B105127				82
	MOUNTAIN VIEW ADULT DAY CARE	B105115				82
	PARSONS STATE HOSPITAL & TRAINING CENTER	M050101				71
	SOUTHVIEW ADULT DAY SERVICES	B105122				82
	SUNFLOWER ADULT DAY CARE	B105116				82
	THE HOMESTEAD ADULT DAYCARE SERVICES	B105125				82
.....						
+04/01/2011						
+03/01/2011						
+02/01/2011						

## Utilities – Group Notification Maintenance

**Introduction** The Group Maintenance page allows the creation of e-mail groups. When a specific action takes place (Changes to a NF Facility) an e-mail will be sent to the persons on the list notifying them of the change.

The person needs to be registered as a KDADS Web Application user. They do not need access to any application, just to be registered. Contact the KDADS Help Desk for instructions.

**Licensure, Certification and Evaluation Commission**  
 USER TEST Version: 2.0 2011/05/24@10:08:35  
 Welcome DEBYZIMMERMAN  
 Problem Reports Statistical Reports\*

Directory Change Log Surveys Rpt Smry **Utilities** Worklist  
 Utilities 90 Renewals List 30 **Groups Maintenance 95**

**Add New Group**

Group Name

**List of Groups**

Group	Edit	Group Members	Delete
Facility NF Only Changes	edit	DEBYZIMMERMAN KWAHWASUCK KATHIEJACK LANAEWORKMAN	<input type="checkbox"/>
Facility NFMN and ICFMR Changes	edit	DEBYZIMMERMAN KWAHWASUCK	<input type="checkbox"/>
Facility Non-NF Only Changes	edit	DEBYZIMMERMAN KWAHWASUCK	<input type="checkbox"/>
Facility ALL Changes	edit	DEBYZIMMERMAN KWAHWASUCK	<input type="checkbox"/>

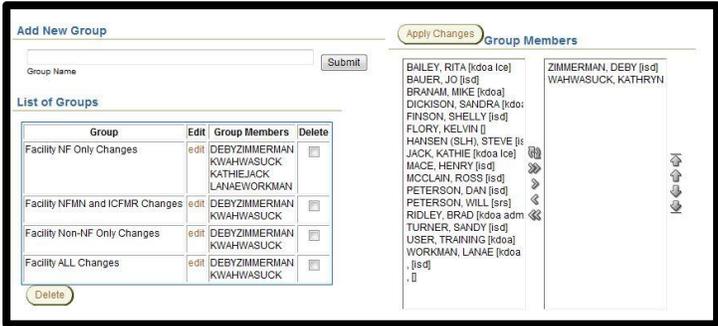
## Utilities – Group Notification Maintenance *(continued)*

**How To** Follow the steps in the table below to create a notification group.

Step	Action	Result
1.	Enter the <b>Group Name</b>	
2.	Click on the <b>Submit</b> button	Add member region is displayed.
3.	In the shuttle box, select the persons to be added to the group.  <u>Note:</u> Hold down the Ctrl key and click on the names will select more than one person at a time.	
4.	Click on the > key to move the select person(s) to the active column.  <u>Note:</u> The Up and Down arrows will arrange the persons in a specific order.	Person(s) are added to the group.
5.	Click on the <b>Apply Changes</b> button to save the selection.	Group is saved.

## Utilities – Group Notification Maintenance *(continued)*

**How To** Follow the steps in the table below to edit a group notification.

Step	Action	Result
1.	Click on the <b>Edit</b> link in the group row.	Add member region is displayed.
 <p>The screenshot shows the 'Add New Group' interface. On the left, there is a 'List of Groups' table with columns for Group, Edit, Group Members, and Delete. The 'Group Members' column contains the names DEBYZIMMERMAN and KWAHWASUCK. On the right, there is a 'Group Members' shuttle box with a list of names including BAILEY, RITA; BAUER, JO; BRAHAM, MIKE; DICKSON, SANDRA; FINSON, SHELLY; FLORY, KELVIN; HANSEN, (SLH), STEVE; JACK, KATHIE; MACE, HENRY; MCCLAIN, ROSS; PETERSON, DAN; PETERSON, WILL; RIDLEY, BRAD; TURNER, SANDY; USER, TRAINING; WORKMAN, LANA; and ZIMMERMAN, DEBY. There are navigation arrows between the two columns.</p>		
2.	In the shuttle box, select the persons to be added to the group.  <b>Note:</b> Hold down the Ctrl key and click on the names will select more than one person at a time.	
3.	Click on the > key to move the select person(s) to the active column.  <b>Note:</b> The Up and Down arrows will arrange the persons in a specific order.	Person(s) are added to the group.
4.	Click on the <b>Apply Changes</b> button to save the selection.	Group is saved.

## Worklist – Change Requests

**Introduction** The Worklist page purpose is to give a listing of items that require action. The Change Requests page displays the following:

- Change Requests:
  - Change of Administrator/Operator
  - Change of Address/Email/Webpage
- Expired annual licensing renewals



**Columns** The below table explains the columns within the page.

Columns	Purpose
Nbr	Clicking on the link will forward to the appropriate area to process the request. <ul style="list-style-type: none"> <li>• RNWL – Forwards to the Facility Maintenance page to process a late renewal action.</li> <li>• APPL – Forwards to the Facilities Annual Renewal.</li> <li>• ##### - A change request and will forward to the actual request for action.</li> </ul>
State ID	The facility State ID.  Clicking on the link will forward to the Facility Maintenance page.
Facility Name	The Facility Name

## Worklist – Change Requests *(continued)*

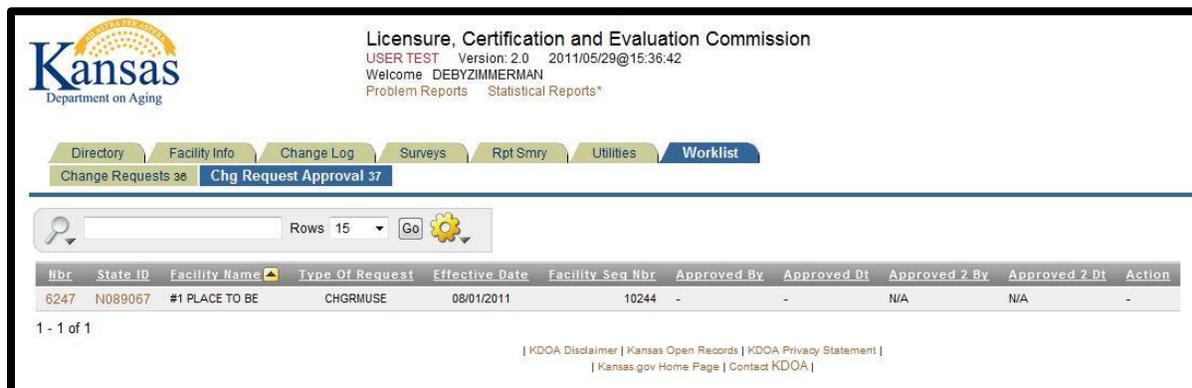
**Columns**                      continued

<b>Columns</b>	<b>Purpose</b>
Type of Request	The Type of Request that needs action. <ul style="list-style-type: none"> <li>• CHGADA – Change of Administrator/Operator</li> <li>• CHGADDR – Change of Address/Email/Webpage</li> <li>• EXP RNWL – Expired Annual Renewal</li> <li>• ANNUAL – Annual Renewal Form has been submitted.</li> </ul>
Effective Date	Effective of the Change Request or the renewal date.
Processed	Indicates of the items has been processed by KDADS.
Processed Date	The date the item was processed by KDADS.
Processed By	The user that processed the item.
Paid	Has the payment been received.
Payment Type	How was payment received (Credit Card, Check, Cash, Money Order)

## Worklist – Change Request Approval

**Introduction** The Worklist page purpose is to give a listing of items that require action. The Change Request Approval page displays Change Requests that need additional items reviewed prior to approval:

- Request for Change of Resident Capacity
- Request for Change in Use of Required Room
- Request for Dual Administrator/Operator



**Columns** The below table explains the columns within the page.

Columns	Purpose
Nbr	Clicking on the link will forward to the appropriate area to process the request. <ul style="list-style-type: none"> <li>• ##### - A change request and will forward to the actual request for action.</li> </ul>
State ID	The facility State ID. Clicking on the link will forward to the Facility Maintenance page.
Facility Name	The Facility Name
Type of Request	The Type of Request that needs action. <ul style="list-style-type: none"> <li>• CHGRMUSE – Change of Use of Required Room</li> <li>• CHGDLADA – Request for Dual Administrator/Operator</li> <li>• CHGRC – Change of Resident Capacity</li> </ul>
Effective Date	Effective of the Change Request or the renewal date.

## Worklist – Change Request Approval *(continued)*

**Columns**            continued

<b>Columns</b>	<b>Purpose</b>
Processed	Indicates of the items has been processed by KDADS.
Processed Date	The date the item was processed by KDADS.
Processed By	The user that processed the item.
Paid	Has the payment been received.
Payment Type	How was payment received (Credit Card, Check, Cash, Money Order)

## Processing Submitted Requests

### Introduction

Each electronic form must be process and/or approved by KDADS for the changes to be reflected in the facility record.

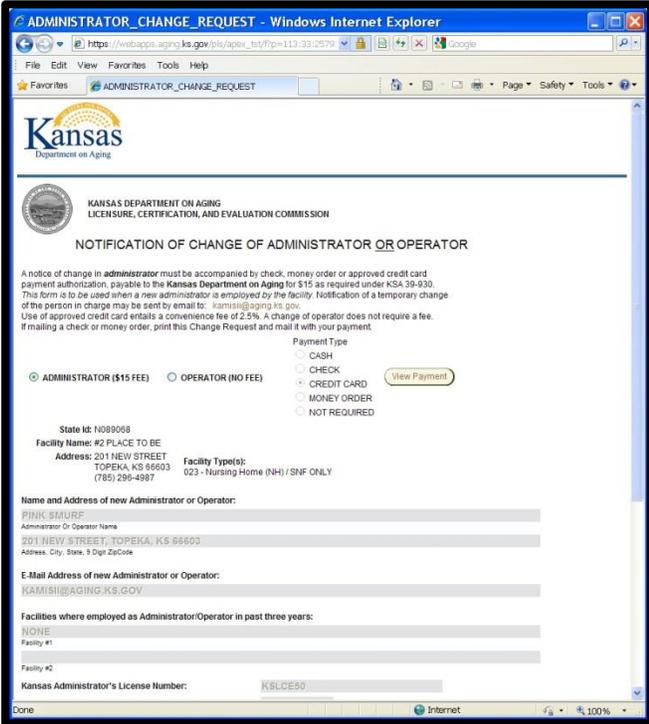
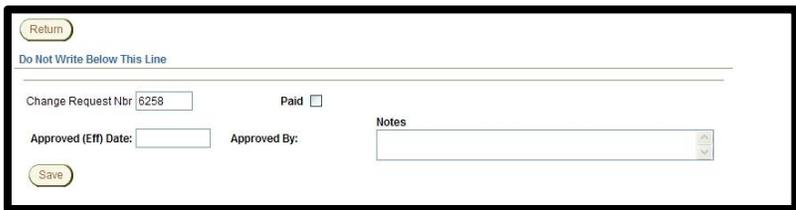
Note: It is important that all change requests are entered electronically, then processed through the application. The reason for this requirement is to utilized the many automated processes built into the application to reduce the amount of data entry and to track transactions. Also, payments are associated with an electronic request.

When a change request is processed the following occurs:

- Information is changed within the appropriate pages:
  - Facility Maintenance (new version is created to track history)
  - Facility Home Page
  - Facility Directory (Application and Public)
  - Change is posted to the Facility Change Log
  - The Processed status of the Change on the Facility Home Page in the Change Requests/Application region is updated to Yes.
  
- Email is automatically sent for the following request:
  - Change of Administrator/Operator
  - Change of Address/Email/Webpage
  
- A print button displays to print letters for changes that require new licensing:
  - Change of Use of Required Room
  - Request for Dual Administrator/Operator
  
- The payment that is associated with the request is processed separately. Once processed as received, the payment record is automatically transferred to accounting for processing within a specialized application.

## Processing Submitted Requests *(continued)*

**How To** Follow the steps in the table below to process submitted requests.

Step	Action	Result
1.	Click on the <b>Worklist</b> tab	
2.	Click on the link in the Nbr Column.	Request is displayed.
		
3.	At the bottom of the form is the approval area.	
		
4.	Enter the <b>Approved Effective Date</b> .	
5.	Enter any <b>Notes</b> as appropriate.	
6.	Click on the <b>Save</b> button.	User name will be entered automatically in the Approved by area.
7.	Click on the <b>Process Change</b> button.	All automated processes will run.

## Processing Payments

**Introduction** The payments of required fees for certain requests are associated with the request is processed separately. Once the payment is processed as received, the payment record is automatically transferred to the Payment Processing application for accounting to process. Once accounting marks the payment as processed within their application, the payment record will reflect that status.

**How To** Follow the steps in the table below to process payments submitted with requests.

Step	Action	Result
1.		
2.		

## Closing the Application

---

**Introduction** When the user will not be using the application for a period of time, the program should be closed for security reasons.

**How To** Follow the steps in the table below to close the application.

Step	Action	Result
1.	Close the application by clicking on the red "X" at the top of the browser window.	The browser page will close.

## Logging-Out of Web Applications

**How To** Follow the steps in the table below to logging out of Web Applications.

Step	Action	Result
2.	Logout of the application by clicking on the Logout link in the upper right corner of the window of the Home Page.	The browser will return to the Log-in page.